

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Community Health Systems Professional  
Services Corporation  
c/o National Registered Agents, Inc.  
Registered Agent  
150 S. Perry Street  
Montgomery, AL 36104**

01-875 J+C

Article Number

Service label

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  
If YES, enter delivery address below:☐ Yes  
☐ No

3. Service Type

☐ Certified Mail  
☐ Registered  
☐ Insured Mail☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7004 2510 0002 6128 4240

Domestic Return Receipt

102595-02-M-1540